Revised 08/03/01

TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - ***FOR COMMISSIONERS ONLY***

NAME	Nancy Rupnik	JOB TITLE	Commissioner	MONTH	september - october
EMPLOYEE NO.				YEAR	2014

DATE (Day/Mth/Yr) (00/00/00)	LOCATION FROM	LOCATION TO	DESCRIPTION/ NATURE OF BUSINESS	GENERAL EXPENSES 302 TRAVEL Standing Committees KM	AMOUNT	302 MEALS #	COST	302 OTHER COST	PROFESSIONAL IMPROVEMENT 302 TRAVEL PIC KM	AMOUNT	812 CONFERENCES COST	302 LODGING #	AMOUNT	302 MEALS #	COST	302 OTHER COST
09/10/14	home	BO	Corporate	43	20.64											
17-09-14	home	BO	COUNCIL	43	20.64											
20/09/14	home	RHS	graduation	24	11.52											
17/09/14	home	LTMHS	graduation													
GRAND TOTAL			$ 52.80	110	$ 52.80	X	$ -	$ -		$ -	$ -	X	$ -	X	$ -	$ -

mo n 52.80

ENTERED OCT 29 2014

BUDGET CODES		
TRAVEL	$ 52.80	203- 1- 51110 - 302
MEALS	$ -	203- 1- 51110 - 302
OTHER	$ -	203- 1- 51110 - 302
	xxx	
	xxx	
PIC - TRAVEL	$ -	203- 1- 55500 - 302
PIC-CONFERNCES	$ -	203- 1- 55500 - 812
PIC -LODGING	$ -	203- 1- 55500 - 302
PIC - MEALS	$ -	203- 1- 55500 - 302
PIC - OTHER	$ -	203- 1- 55500 - 302
*ADVANCE		000-1-01503-000
TOTAL	$ 52.80	

*Note: If advance has been received and total is negative, this amount is to be reimbursed to the School Board.

IMPORTANT

1. Attach original receipts to this form
2. The form must be signed by claimant and duly approved
3. Kilometres are calculated at [illegible] for first 5,000 km and $0.45 for each additional kilometer as of March 1st, 2008

Do not write in this area

[redacted]